

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011138

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1565

1565

FILED APR 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

6 wks.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Baptist Memorial Hosp

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Kansas b. COUNTY Wyandotte

(admission)

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2130 S. 35th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Walter

Middle

C.

Last

Lewis

4. DATE

OF DEATH

Month

March 18,

Day

1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐

## 8. DATE OF BIRTH

2-19-1912

## 9. AGE (last birthday)

52

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 11. IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Repairman

## 10b. KIND OF BUSINESS OR INDUSTRY

Fisher Body

## 11. BIRTHPLACE (City and state or country)

Kansas City, Kans

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charles Lewis

## 13b. MOTHER'S MAIDEN NAME

Mary Reynolds

## 14. NAME OF HUSBAND OR WIFE

Winona Lewis

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

WWII

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs. Winona Lewis,

## Address

2130 S. 35th

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

BRONCHOGENIC CARCINOMA

## INTERVAL BETWEEN ONSET AND DEATH

6 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

?

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

HERNIATED NUCLEUS PULPOSUS

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

July 1961

to

18 MAR 1962

and last saw him alive on

MAR. 18, 1962

## Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

William R. Brown, M.D.

## 22b. ADDRESS

7501 Mission Rd. PRAIRIE VILLAGE, KANSAS

## 22c. DATE SIGNED

19 MAR 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Kansas

## (State)

## 24. FUNERAL DIRECTOR

Mellody-McGilley-Eylar

## ADDRESS

20 W. Linwood

K.C., Mo.

## 25. DATE RECD. BY LOCAL REG.

3-19-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

William R. Brown

Dr W. H. Brown  
~~751 E. 63 RD~~  
~~Box 3-7422~~  
7501 Niagara  
RD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm H. Gent

Licensed Embalmer No. 05038

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.